

VRP# 9/97 Replaces 2/93A

## VRC CONSUMER INPUT FORM

Input Origination:	VDDHH	_VRC	Other,Specify_	
Received by:		Date	Time	am/pm
*******	*******	******	*******	*****
Contact by:Letter	Telephone TT/	VWalk	:-in	
Person Providing Input:_				
Address:				
City:	State:		Zip Code	
Telephone:	******	TT	Voice Both	*****
Input Category:Coi				
	nmendation (Good job)	•		
	nstructive Criticism (I d		changa)	
	gestion (Have you ever		Change)	
	ling (Dispute of bill/Ch	•	nce Carrier	
DIII	ing (Dispute of bin/Cir	oice of Long Dista	nice Carrier)	
City ation /Call Considing	CA (Comm	miaatiama Assistan	ot) Nyamah an	
Situation/Call Specifics:			it) Number	
	Time		6 * * * * * * * * * * * * * * * * * * *	****
Input Memo				
Specific Fallow on D	agt by Danger Civing Iv			
Specific Follow-up Reque Retrain CA	Clarification of P			
A soist with hill	Revision of Polic	oney		
	Revision of Polic			
*******	******	******	*******	*****
Situation Closure:				
Request Handled by:		Date of Closur	e:	_
Request to be placed on \				
Request to be placed on T	ΓP Mailing List?			